	17787	,		E OF DEATH	17	E 1, MARYLAND
1.	a. COUNTY	Somerset	MARYLAND		E (Where deceased lived, If Institute of Country)	tution: Residence before admission Y Somerset
		VN (if outside corporate limits, and give nearest town)	c. LENGTH DF STAY IN 1b			RURAL and give nearest town
-	Cris	field	In hospital, give street address	Tyle	rton	19
1				d. STREET ADDRESS		e. IS RESIDENCE DN A FARM?
3.	NAME DE	eady Memorial	Middle	Last	4. DATE Month	YES NO X
	(Type or print)	Norman	T. Brad		DE DEATH Dec.	2, 1966
5.	SEX		RIED NEVER MARRIED	8. DATE OF BIRTH		LINDER 1 YEAR HELINDER 24 HR
N	fale	White WIDON		Feb. 5, 1909) / yrs.	
10 du	a. USUAL OCCUPATION IN THE RESEARCH TO THE RES	TION (Give kind of work done 10 king life, even if retired)	ID. KIND OF BUSINESS OR INDUSTRY		unty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY? USA
	Naterman B. FATHER'S NAM		Seafood	Rhodes Poin	,	USA
		. Bradshaw		Eva D. Evan		
1	5. WAS DECEASED	EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY ND. 17.	INFORMANT	Address	
G	es, no, or unkown)	(1f yes give war or dates of service).	Mr	s. Louise Bra	adshaw, Same as	s 2. abcd above
		DEATH [Enter only one cause]		1	D	INTERVAL BETWEEN ONSET AND DEATH
	PART 1. DI	EATH WAS CAUSED BY:				
	7 3 4	AMMEDIATE CAUSE (a)	Verelras	hemorri	lage	10 hes
1	331,	DUE TD	Gent Ost	hemourt	rage	
	33/ Cenditions, If gave rise to	AMMEDIATE CAUSE (a) DUE TD any, which (b)	Lent arte	hemorri	10915	
	331, Conditions, If	any, which immediate thating the DUE TD	Gent arts	Memorri erio scleri	10915	
TION	Conditions, If gave rise to cause (a), s underlying cause	any, which immediate tating the so last. (c)	Sent arte			yes -
FICATION	Conditions, If gave rise to cause (a), s underlying cause PART 11. DIHER:	AMMEDIATE CAUSE (a) DUE TD any, which (b) Immediate tating the se last. (c) SIGNIFICANT CONDITIONS CONT	luperlandor	ATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PA	LE LUS LYST — ART 1(a) 19. WAS AUTOPSY PERFORMED? YES ND A
ERTIFICATION	Conditions, If gave rise to cause (a), s underlying cause PART 11. DIHER:	AMMEDIATE CAUSE (a) DUE TD any, which (b) Immediate tating the se last. (c) SIGNIFICANT CONDITIONS CONT	luperlandor	ATED TO THE TERMINAL DI		LE LESS LYST - IRT 1(a) 19. WAS AUTOPSY PERFORMED? YES ND P
AL CERTIFICATION	Conditions, If gave rise to cause (a), s underlying cause PART II. DIHER:	AMMEDIATE CAUSE (a) DUE TD any, which immediate totating the se last. (c) SIGNIFICANT CONDITIONS CONT CALL G MCMI WAS UNDERLYING [] ING [] CAUSE OF DEATH OTHER MEDICAL EXAMINER)	LI PER CONTOR	ATED TO THE TERMINAL DI Line Line Line Line Line Line Line Line	SEASE CONDITION GIVEN IN PARTIES MELLELES	ART 1(a) 19. WAS AUTDPSY PERFORMED? YES ND ART 18.)
	Conditions, If gave rise to cause (a), s underlying cause PART II. DTHER OR CONTRIBUT (IF EITHER, NO 20c. TIME DF Hour a.i.	DUE TD any, which (b) Immediate tatting the DUE TD se last. (c) SIGNIFICANT CONDITIONS CONT CALL G MCALLYING 20 ING CAUSE OF DEATH OTHER MEDICAL EXAMINER) INJURY Month, Day, Year 20 m.	D. DESCRIBE HOW INJURY DCC Dd. INJURY DCCURREO 20e. PL	ATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PARTIES MELLELES	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO FEE
MEDICAL CERTIFICATION	Conditions, If gave rise to cause (a), s underlying cause PART II. DIHER: 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO 20c. TIME DF Hour a p.	IMMEDIATE CAUSE (a) DUE TD any, which Immediate Selast. CC) SIGNIFICANT CONDITIONS CONT CAUSE OF DEATH OTHER MEDICAL EXAMINER) INJURY Month, Day, Year m. 19 at	DO. INJURY DECURRED 200. PL	ATED TO THE TERMINAL DI Line Co URRED. (Enter nature of I AGE OF INJURY (Home, far ory, street, office bidg., etc	SEASE CONDITION GIVEN IN PARTIES OF PARTIES OF PARTIES OF PART II OF 100 (City or town)	ART 1(a) 19. WAS AUTDPSY PERFORMED? YES ND FIELD ND (County) (State)
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1		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
FOR S	TATE	17789 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17786	
HEALTH DEPT.		1. PLACE DF DEATH O. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before adm a. STATE b. COUNTY	nission)
\$ m \$	=	Somerset Maryland n Somerset	t toum
cessary funeral may be	Department after death	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	(OWII)
	er c	Princess Anne life Princess Anne B. A. STREET ADDRESS OF STREET AD	DENCE
age 5	of rs aff	ON A F	ARM?
nd de	State hours	3. NAME DF First Middle Last 4. DATE Month Day Year DECEASED OF J. C.	
2, a	the 72	(Type or print) Deldle M Deshletds Death 12 29 19	
death. If a Pages 1,	2 with within	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years IFUNDER 1 YEAR IF UNDER 1 YEAR IF	Min.
death. Pages ith for	and 2 vent v		
irs after deat 18. Give Pag along with	45	10a. USUAL OCCUPATION (Give kind of work done) 1Db. KIND OF BUSINESS OR INDUSTRY 11b. BIRTHPLACE (State or foreign country) 12c. CITIZEN OF WHAT COUNTRY? Princess Anne USA	
S. G.	pages in any	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
tem 18	f in	Omer Cottman Betty Deshields	
24 hou in Item Office	File	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)	
within pencil ii niner's	£37	no none Betty Deshields, Princess Anne	
ited within ' in pencil i Examiner's		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BET DISSET AND D)EATH
in in Exa	or or	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Upper respiratory disease 2 days	
ding	burlal-transit cremation, or	Conditions, If any, which) DUE TO (sudden death of infancy)	
be	uria	gave rise to immediate (
ied is	C. C.	underlying causa last, (e)	
S S S	used as to burial	THE PARTY OF THE P	TOPSY MED?
等等	use to b	YES 🗍	NO
EXAMINER: This certificate should be executed an executed be certificate, writing the word "pending" in its should be forwarded to the Chief Medical Examples. TOR: Page 3 should be used as a burlal-transit plesignated agent, prior to burial, cremation, or plesignated agent, prior to burial, cremation, or plesignated agent, prior to burial.		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORM YES 208. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	
This war	E T		state)
cate for	60 gg	2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, leaf, etc.) 20f. (City or town) (County) (S factory, street, office bidg., etc.) 4 work 20f. (City or town) 20f. (Ci	
d billing	CTOR: Page designated	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my of	opinion
EXA Boulder	OR: esign	death resulted from: Natural causes 🛴 , Accident 🔲 , Suicide 🔲 , Homicide 🔲 , Undetermined manner	
W .	RECTO	CHIEF MEDICAL EXAMINER []	SIGNED
MEI ecuts Page		ACTUAL SIGNATURE	TONICO C
≥ ×	2 1 2	Examiner's RAME Type) Everett SutterMD Address (Street, city, town, or county) Somerset 12-	31-6
please director.	FUNER Of Healt	233. BUNIAL CREMATION, 23D. DATE THEREOF 25C. NAME OF GENERAL ON GREATING	late)
5 00	10 to	REMOVAL (Specify) 12-31-66 St Mark Oakville, Maryland ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	
VR A	15ME (5)		100
5M	1/65	William H James Jr, Princess Anne DATE JAN 5 1967 Cuarles Ju	7

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 1. PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b COUNTY after after Somerset Maryland Somerset filled in by the papers. Pages in 72 hours afte MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours Rural-Westover Life Rural-Westover d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? event-within Rehobeth Road Rehobeth Road ND letely pou 3. NAME DE First Middle DATE Month Last DECEASED car 1966 сотр (Type or print) HARRY JOSEPH DRYDEN DEATH December 5. SEX AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS | last birthday) | Months | Days | Hours | Min. Ve. 6. COLOR OR RACE DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED and c any Male White WIDOWED ! DIVORCED T 1904 June 62 = 10a, USUAL DCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician during most of working life, even if retired) INDUSTRY omerset County. COUNTRY? Poultry U.S.A. Farmer Maryland certificate гетточаі, 13. FATHER'S NAME MDTHER'S MAIDEN NAME lg pl Sallie Tilghman Edgar F. Dryden 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITYND. 17. INFORMANT Address the attend death 6 (Yes, no, or unknwn) | (If yes give war or dates of service) Mrs Dorothy Dryden, RFD, Westover, Md No cremation, CAUSE OF DEATH [Enter only one cause pe NTERVAL BETWEEN requires that the SET AND DEATH al-trans PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) signed DUE TO Conditions, if any, which been gave rise to immediate DUE TO cause (a), stating the has be as the prior t underlying cause last. ICATION PART II. D THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY for use Health r this certificate I detached for use te Dept. of Health PERFORMED? YES | NO [PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) (State) 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. After Id be d While Not While at work at work 19/27 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the and that death occurred at 11300m, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED page filed Dec, 27 PHYS. DIRECTOR PHYS. HOSPITAL FUNERAL PHYSICIAN'S 22c. 22d. ADDRESS director, p NAME (Type Trader, M.D. 302 Market St Pocomoke harles 23c. NAME OF CEMETERY OF CARMATERY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, DATE THEREOF 2-27-1966 Rehobeth Presbyterian Rehobeth. Burial Maryland 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR REC'D BY REGISTRAR Pocomoke City. VR AIS (4) 2DM Watson Robert

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MARYLAND STATE DEPARTMENT OF HEALTH

7/11/11 2 av - 0.00 (02 .000) % hole of a see that a displace recovery to the second of Topically you diting you have and Vend house Henrich Witnesdine Segretaria E layera . Koren Brown 4/16/63 71 11/01 19 31/4 Q 17. Para mid 12/2/20 e complete a second the blacket person blocket the are the bare to Van Die Cartel gewold herre to

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17792 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o STATE **b** COUNTY Maryland Somerset Somerset MARYLAND Department b CTY OR IOWN (If outside corporate amits, c CITY OR TOWN (if outside corporate in its write RURAL and give nearest town) C LENGTH DE STAY IN 16 write RURAL and give nearest town) Crisfield Lifetime Crisfield d. NAME OF HDSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? hours olong with form Crisfield. Md. Ninth St. YES NO DO 3 NAME OF Lost 4 DATE DECEASED EVANS 66 Dec. JOHN E. (Type or print) DEATH S SEX 6 COLOR OR RACE NEVER MARR ED 8 DATE OF BIRTH AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS 7 MARRIED lost pirthdov) Months July 30, 1913 Male Negro WIDOWED DIVORCED 100 US_AL OCCUPATION (Give kind of work done 11 B RTHPLACE (State or foreign country) TOD KIND OF BUSINESS OR 12 CT ZEN OF WHAT during most of working life even if ret red) COUNTRY? NDUSTRY Maryland USA Mechanic Laborer Medical Examiner 13 FATHER'S NAME 14 MDTHER'S MAIDEN NAME od E Annie Miles Harley Evans and IS WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes no, or unknown) (If yes give wor or dates of service) removal. James W. Evans Box 22, Nanticoke, Md. pending" 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL RETWEEN PART I DEATH WAS CAUSED BY. ONSET AND DEATH Accidental Drowning buriol, cremotian, or IMMEDIATE CAUSE (o) _ This certificate should DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPS PERFORMED? NO TO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY DECURRED (Enter notuse of niury in Port I or Port II of Item 1B.) PRIMARY 50 or CONTRIBUTING
CAUSE OF DEATH. Page 4 shauld Accidental Drowning 20d INJURY OCCURRED 20e PLACE OF NJURY (Horne, form, 20f. (City or town) (County) 20c I.ME OF INJURY Month, Day, Year (Stote) / 19 66 of work of work to twork to the foot of 9th St Md. Som. Crisfield 21 f certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinian Natural causes . Accident . Suicide . death resulted from. Homicide Undetermined manner CHIEF MEDICAL EXAM NER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 12/10/66 DEPUTY MEDICAL EXAMINER 3 **EXAMINER'S** 5 may 1 O FUNER Health o C. G. Rawley, M.D. Address (Street, city, town, or county) NAME (Type) Crisfield. 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 SURIAL CREMATION (County) (Stote) REMOVAL (Specify)
Burial Md. (Rural) Crisfield 12/11/66 Hopewell Cemetery 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE VR A15ME (5.) Marley Crisfield, Md. 13 1986 DATE DEC Anthony E. Ward, 6M 1/66



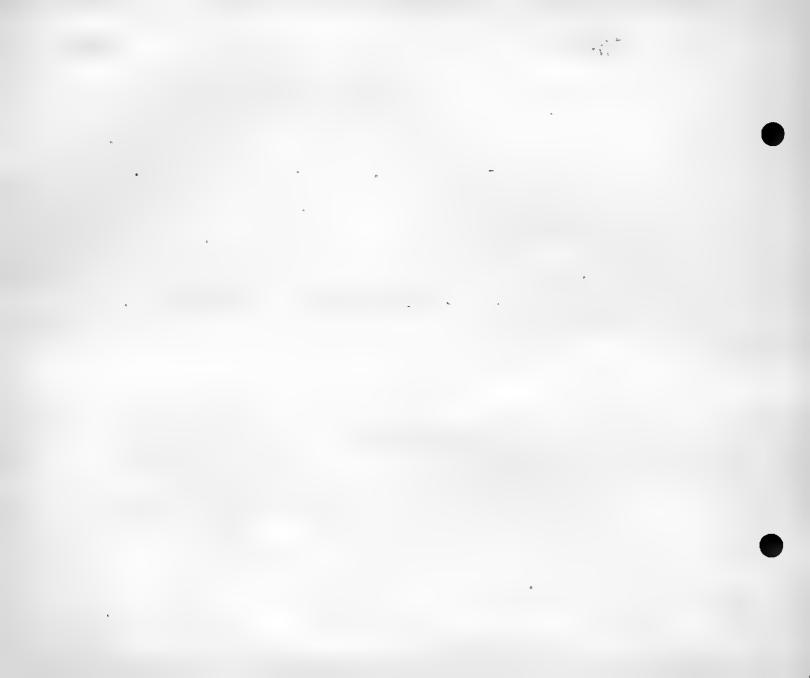
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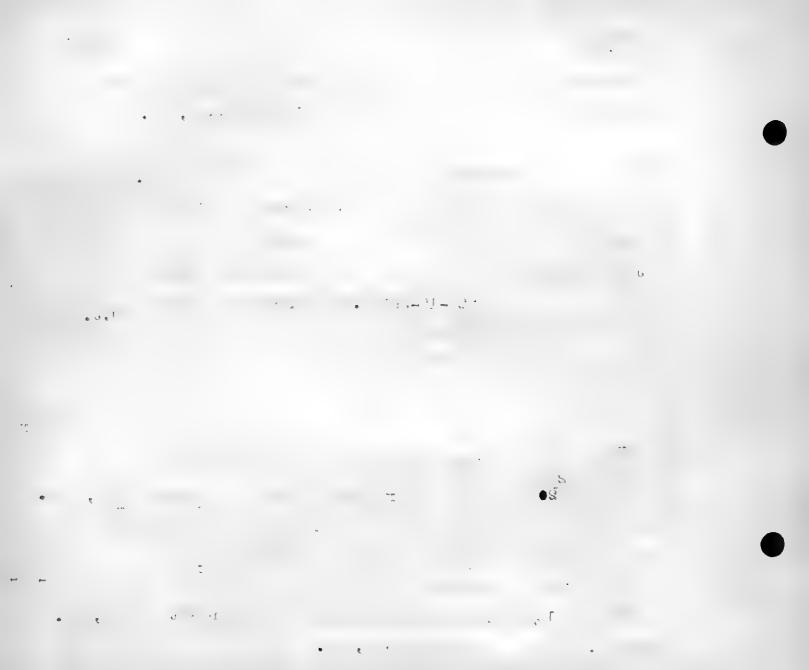
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17794 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. funeral s 1 and 2 ter death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY Somerset Maryl and and campletely filled in by the fur remave carban papers. Pages 1 in any event, within 72 haurs after Somersen MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Life Crisfield Crisfield d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? McCready Memorial Hospital Hudson Street ☐ NO [NAME OF Middle 4 DATE Last Marth Year DECEASED
(Type or print) 1966 Hoffman Agnes Dec. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Haurs Days Memale White WIDOWED Aug. 13, 1893 DIVORCED IDa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT dusing most of working life, even if retired) INDUSTRY CHUNIRY? attending physician permit. Then prese Crisfield, Md. Cosmetics 13. FATHER'S NAME 14. MOTHER S MAIDEN NAME signed by the attending ph burial-transit permit. Then burial, crematian, ar remo John Marshall Mahalia Thomas WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no, ar unknawn) (If yes give war ar dates of service) Mrs. Frances Dell, Same as 2. abcd 220-32-0450 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave (b) rise to immediate cause (a), DUE TO stoting the underlying cause has been be detached far use as the State Dept. af Health priar to (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS CERTIFICATION PERFORMED? YES NO TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us 20g ACC DENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm. (City or town) (State) Haur a.m. While Nat While foctory, street, office bldg , etc) ot work at work 2) I certify that (1) (this haspital) attended the deceased from _______ 1966, ta Lea 7 1954, that (I) (we) los director, page 3 shauld shauld be filed with the 19 66, and that death occurred a 2:15 M, from couses and on the date stated above xc. sow the deceased alive on_ 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF DIRECTOR MD PHYS 22d. ADDRESS TO HOSPITAL 22c. PHYSICIAN'S Peyton, NAME (Type) Crisfield. .arvl nd 23a BURIAL, CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Burial (Specify) Dec. 11, 1966 Crisfield Cemetery Crisfield. Md. 24 FUNERAL DIRECTOR **ADDRESS** 25g REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Bradshaw & Sons. Crisfield, Md.

J. 0 į.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17795 CERTIFICATE OF DEATH death. requires that the deoth certificate be executed within 24 hours ofter death funerol . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 6 COUNTY Somment o. COUNTY Solenest o. STATE Landland ottooding physicion and completely filled in by the fur formit* Then please remove carbon papers. Pages 1 physiciemoval, and in any event, within 72 hours after MARYLAND CLENGTH OF STAY IN 15 b CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Crisfield Life d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS McCready Lemorial Hospital Somerset Avenue NO A Middle NAME OF First DATE Doy Year DECEASED Lottie Lawson OF DEATH 1966 Α. Dec. (Type or print) 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR UNDER 24 HRS 79 ast birthdoy) White Femal.e WIDOWED A Oct. 31, 1887 DIVORCED 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife INDUSTRY CO TRY ? Crisfield, Md. None 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME George R. Wilson Mary Elliott IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (if yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Miss Lola Lawson, Same as 2. abcd 216-07-1743 No None IB. CAUSE OF DEATH (Enter on y one cause per line for (o), (b), and (c). INTERVAL BETWEEN PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, it only, which gove nse to immediate cause (o). DUE TO stating the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION YES I NO 20o ACC DENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ತ 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year Hour o.m. Not While foctory, street, office bldg , etc.) of work **DIRECTOR:** After 21. I certify that (1) (this haspital) attended the deceased from Got 10 1966, 10 1) ec 29 19 66, that (1) (we) las saw the deceased alive an 12/24/66 19 ____, and that death occurred at _____ M_fram causes and an the date stated above 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS DIRECTOR director, page should be filed 22d ADDRESS 22c. PHYSICIAN'S TO HOSPITAL TO FUNERAL Crisfield, naryland NAME (Type) N. Barr 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 230 BURIAL CREMATION. (County) Burial (Specify) Crisfield, Md. Asbury Cemetery 1967 ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 DATE JAN 5 Bradshaw & Sons, Crisfield, Md. 1967



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY MARYLAND SOMERSET MARYLANO State Dispartment hours after death. b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
PRINCESS ANNE C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) funer PRINCESS ANNE. MD d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) IS RESIDENCE NO D YES HAME OF DATE Year Middle Last Month the 72 DECEASED 66 GUSTAVE (Type or print) LINDEN DEATH 19 DEC.20 z'with within 6. COLOR OR RACE | 7. MARRIEO 8. DATE OF BIRTH AGE (In yaara | IF UNCER 1 YEAR IF UNDER 24 HRS NEVER MARRIEO lest birthday) Months Davs Hours 1900 MALE WHITE 66 WIDOWEO X EVERT 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INOUSTRY 12. CITIZEN OF WHAT BIRTHPLACE (State or foreign country) Give COUNTRY USA LOBER SWEDEN pages I 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EXAMINER: This certificate should be executed within 24 hours a ne certificate, writing the word "pending" in pencil in Item 18. should be forwarded to the Chief Medical Examiner's Office along the chief Medical Examiners. MELISSIA LINDEN JOHN LINDEN File and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no. or unknown) (If yes alve war or dates of service) permit. 222-12-5918B.NICHOLSON 522 WOODLAND HOLLY CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] YWERVAL BETWEEN ONSET AND DEATH PART I. CEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, or I Strangulation seconds Hanging DUE TO Conditions, if any, which (b) gave rise to immediate OUE TO cause (a), stating the en. used as a to burial, underlying cause last. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? NO IX should be 20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) daceased hanged self in Hotel room 3 shou agent, MEDICAL 20c. TIME OF INJURY Month, Oay, Yaar 20d. INJURY OCCURRED | 20e. PLACE DF INJURY (Home, farm, | 20f. (City or town) (State) (County) Somerset factory, street, office bidg., atc.) Not While While at work ,66 Md -Hotell Room Anne Prim ess CTOR: Page designated at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry 📆. and in my ppinion FUNERAL DIRECTOR: Health or its design Suicide XI. Undetermined manner death resulted-from: Natural causes Accident Homicide CHIEF MEDICAL EXAMINER for your Page 4 ACTUAL 22. DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER X EXAMINER'S Somerset director. retained SutterND Everett Addrass (Straat, city, town, or county) NAME (Typa) 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY DATE THEREOF BURIAL, CREMATION, 23b. BURIAL 12/24/1966 0 Kennett SQUARE. PA. LONGWOOD CEMETERY REGISTRAR'S SIGNATURE 24. FUNERAL CIRECTOR ADDRESS THE VR ALSME (5) R. WILSON PRINCESS ANNE. MD. -11 1/65

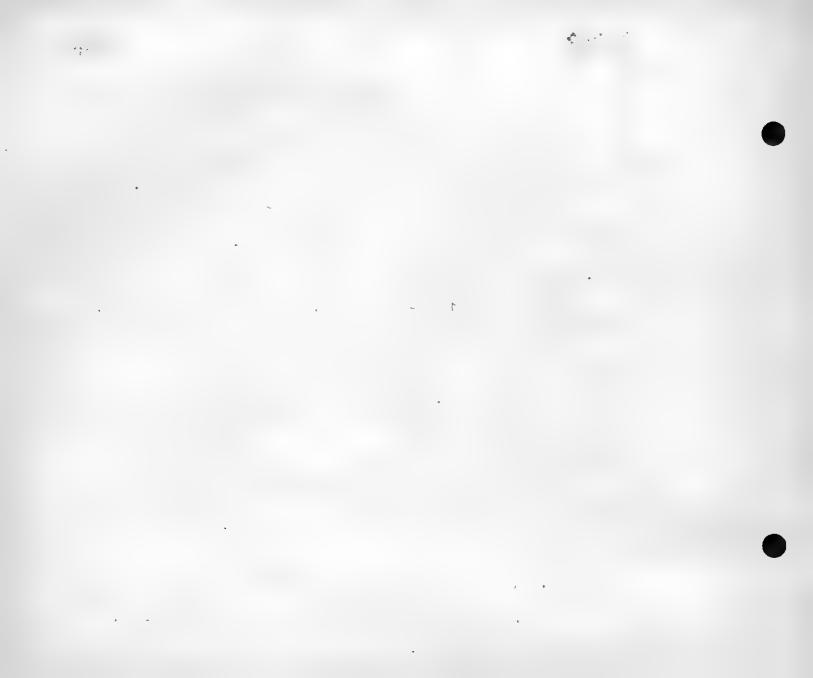


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Maryland Somerset
c. city or yown (if outside corporete limits, write RURAL and give nearest town) Somerset

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND Department after death. C. LENGTH OF STAY IN 1b funera lifetime Manokin Manokin d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS State hours YES 🗍 NO D 3. NAME OF Middle Last DATE Month Day Year DECEASED Leonard DEATH (Typa or print) Luther Maddox 18 19 66 Dec 2 with within AGE (In years | FUNDER 1 YEAR | FUNDER 24 HRS | Jast birthdey) Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED 8. Months I male col Days Hours death. 25-1906 WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? EXAMINER: This certificate should be executed within 24 hours after dear certificate, writing the word "pending" in pencil in Item 18. Give P. should be forwarded to the Chief Medical Examiner's Office along. with 10a. USUAL OCCUPATION (Give kind of work done 1 10b. KINO OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (State or foreign country) TISA none Manokin pages, in any 13. FATHER'S NAME MOTHER'S MAIDEN NAME Marzie L Maddox Cathrine Miles 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no. or unhown) (If yes nive war or dates of service) permit. I removal, Wife Margaret Maddox no INTERVAL BETWEEN 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c),] ONSET AND GEATH PART I. DEATH WAS CAUSED BY: e burial-transit cremation, or u 2wooks Pneumonia IMMEDIATE CAUSE (B) DUE TO Conditions, if any, which (b) gava risa to immediata DUE TO cause (a), stating the (O used as a to burial, underlying cause lest. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) WAS AUTOPSY CERTIFICATION PERFORMEO? Gout. Hypertensive cardiovascular disease YES I NO ⋤ 20a. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. should be gent, prior 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part | or Part II of Item 18.) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While While at work at work and In my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 🛣 . Inquiry FUNERAL DIRECTOR: Suicide Undetermined manner Homicide death resulted from: Natural causes or Accident CHIEF MEDICAL EXAMINER execute 7. your 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATUR D DEPUTY MEDICAL EXAMINER 🚛 Health EXAMINER'S director. retained Everett SutterMD Address (Street, city, town, or county) Somerset. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION. DATE THEREOF 23b. REMOVAL (Specify) 0 2-22-66 Samuel Wesley Manokin Md 254- REC'O BY REGISTRAR 256. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR ALSME (S) .Princess Anne. Md. James DATE 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17795 17798 CERTIFICATE OF DEATH and completely filled in by the funeral remave carbon papers. Pages 1 and 2 in any event, within 72 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased leved, if institution: Residence before admission) o. COUNTY b. COUNTY Somerset The law requires that the death certificate be executed within 24 haurs after MARYLAND Maryland Salarset b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) days Tylerton d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS Rural corcady Homorial Hospital NO K NAME OF Middle 4 DATE Month Year DECEASED (Type or print) Sadie Mars DEATH I IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years FUNDER I YEAR lost birthdoy) Months Hours May 19, 1882 White Zemale WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1D6 KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT USA ? Oriole, Md/ 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Willie A. Evans Elpertena Tyler WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. Mable Marshall, Same as 2, abcd 214-16-4456D 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)) INTERVAL BETWEEN signed by the burial-transit p PART 1. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse be retained by the haspital or afterding ficate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS PERFORMED? YES [NO OR ATTENDING PHYSICIAN: 200 ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING LAUSE OF DEATH TO FUNERAL DIRECTOR: After this cert director, page 3 shauld be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) foctory, street, office bldg., etc.) Hour 'o.m. Not While at work 21. I certify that (1) (this hospital) ottended the deceased fram 19 19____, that (I) (we) las , to and that death accurred at F. I M, from causes and an the date stated above saw the deceased alive an 15/20/66 19 220. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S TO HOSPITAL NAME (Type) . G. Rawley. H.). Crisfield. Laryland 23d LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY ((ounty) (Stote) Bur In (Specify) Jan. 2, 1967 Tylerton Cemetery Tylerton, Md. 24 FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE VR A15 (4) 25M 1/67 Bradshaw & Sons, Crisfield, Md. JAN 5



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17799 CERTIFICATE OF DEATH the funeral ages 1 and 2 s after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY a. STATE b. COUNTY Somersat Marvland Son reset MARYLAND Apapers. Pages 1.72 haurs after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Crisfield c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 1 Day Crisfield d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? filled McCr. alv murial Luspit. NO YES 3. NAME OF First Lost Year DECEASED (Type or pant) 19:06 William Gartin DEATH Dec. IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years IF JNDER 1 YEAR lost birthdoy) Months Hours WIDOWED DIVORCED 4/9/13 Male Negfo 10o USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 1. BIRTHPLACE (County & State or foreign country) during most of working life, even if retired)
Laborer Seafood COUNTRY? Pocomoke 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME transit permit. Then pl crematian, ar removal, Anna Corbin Linwood Martin signed by the attending WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Mary Martin Crisfield Md 18 CAUSE OF DEATH (Enter only one couse per line for (σ), (b), PART 1. DEATH, WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove rise to immediate cause (o), DUE TO stating the underlying couse has been see as the tendent to the prior taken to the tendent to t 19. WAS AUTOPS?
PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Health NO 20b DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port il of item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year Hour o.m. factory, street, office bldg, etc.) Not While ot work TO FUNERAL DIRECTOR: After 12 - 15, 19 (alothat (1) (we) las 21. I certify that (I) (this hospital) attended the deceased from saw the deceased glive on 19 and the 12-14, 1966, to and that death accurred ap: 1.0 M, from causes and on the date stated above saw the deceased alive an-22b. DATE SIGNED 22o. SIGNATURE ATTENDING PHYS. STAFF director, page 3 shauld be filed v 22d ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) G. Rawley, Mr. Crisfield, Harvland 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o BURIAL CREMATION (County) REMOVAL (Specify) Crisfield Burial 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Anthony E. Ward Crisfield

MARYLAND STATE DEPARTMENT OF HEALTH



-	1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	4 204		17800 CERTIFICATE OF DEATH 18061
4	after death. y the funeral ages/ 1 and 2 after death.	ī	PLACE OF DEATH a. COUNTY D. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
•	in 24 hours ly filled in by papers. Pa thin 72 hours	1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES ND
	executed within 24 hours after and completely filled in by the Lemove carbon papers. Pages! In any event, within 72 hours after	5	DECEASED (Type or print) SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.
	ysician at please ref	1.	OR. USUAL OCCUPATION (Give kind of work done Industry) 10b. KIND OF BUSINESS OR INDUSTRY LINDUSTRY LOCATION (Country & State, or foreign country) 11. BIRTHPLACE (Country & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	h certifica tending ph iit. Then or removal	i	3. FATHER'S NAME CORGE VIII 14 NIS 14. MOTHER'S MAIDEN NAME AMES 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Fes, no, or unknown) ((fryes give war or dates of service)) Address
	death		1225-26-1884A John H. Mutler Ining in dan
	Page 4 may be retained by the hospital or attending physician. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. (b) DUE TD (c)
	spital or att spital or att ertificate h ed for use of Health	CERTIFICATION	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH
	ING PHYSICIAN: I by the hospital lifter this certifi be detached fo State Dept. of H	MEDICAL C	20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, Hour a.m., p.m. 19 Not While at work at work
	OR ATTENDIN be retained to INECTOR: Aft ge 3 should b ed with the St		21. I certify that (I) (this hospital) attended the deceased from
	TO HOSPITAL O Page 4 may b TO FUNERAL OI director, page should be file	/	22c. PHYSICIAN'S NAME (Type) GEO. M. DUNN M.D. PRINCESS ANNE, MARY LAND
	or o		Ba. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) FUNERAL DIRECTOR ADDRESS ADDRESS
	VR AI5 (4) 20M 1/65	=	Jolley Sterney Jak 13 1967 gelander Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17801 CERTIFICATE OF DEATH and 2 death. requires that the death certificate be executed within 24 hours after death. signed by the attending physician and completely filled in by the funeral burial-transit permit. Their please remove corbon papers Pages I and burial, tremotion, or removal, and in any event, within 72 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution, Residence before odmission) a. COUNTY o STATE **6 COUNTY** Somerset MARYLAND Mar al and Somerset c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 b CITY OR TOWN (If autside carparate limits, Crisfield d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS B IS RESIDENCE ON A FARM? Mospital Cove Street NO X McCready demorial NAME OF Middle 4. DATE Last DECEASED R. Somers Dec. Tnez Type or pnnt) DEATH 9. AGE (In years 6. COLOR OR RACE IF JNDER YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED DATE OF BIRTH 77 ast birthday) Haurs White Apr. 25, 1889 Temale MIDOWED DIVORCED 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) USA TRY? Virginia 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Frank Morgan Annabelle Walker Address Crisfield, Md. 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates af service) Kathleen Sterling, 29 Chesapeake Ave. 218-01-5311 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause hos been WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE CONDITION GIVEN IN PART 1(a) MEDICAL CERTIFICATION YES [NO. 200 ACCIDENT WAS JNDERLYING 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port or Port 1 of Item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM NER) (State) 20e. PLACE OF INJURY (Hame, form, (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED ((aunty) factory, street, affice bldg., etc.) Nat While at work at wark TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased from _______, 19_____, to______, 19____, that (I) (we) los saw the deceased alive an Thick co. _______, 19_____, and that death accoursed at 5.05 M, from causes and on the date stoted above be retoined director, page 3 should should be filed with the 22o. SIGNATURE 226. DATE SIGNED DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) Crisfield, naryland G. Rawley. 1. D. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION 1966 Sunnyridge Cemetery Crisfield. Md. DEC 19 19 24 FUNERAL DIRECTOR ADDRESS VR A15 (4) 25M 1/67 Bradshaw & Sons, Crisfield, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY completely filled in by the f ve carllon papers, Pages 1 event, within 72 hours after 24 hours after Somerset Marvland MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Crisfield Life Crisfield e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Hospital NO12 Johnson Greek completely f death certificate be executed within NAME OF Month DATE Day Middle Last DECEASED STERLING 19 66 MAURICE J. December DEATH 4, (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED X White Male Dec. 2, 1902 WIDOWED IT DIVORCED [12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10a, USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired)
Security Officer COUNTRY? INDUSTRY Panama Canal Zone Crisfield, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Josephine Sterling Jerome Sterling 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. Address (Yes, no, or unknown) (If yes hive war or dates of service) Mrs. Hattie Daugherty. WW 2 218-20-7922 Same as 2. abcd above Yes INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH i-transi PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) been signed the burial-tr or to burial, (DUE TO Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. 88 WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? NO [YES [20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: is cer-20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (County) (State) 20d. INJURY OCCURRED 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year Hour a.m. Not While While p.m. at work at work 66 to o 19 46, that (I) (we) last 21. I certify that (I) (this hospital), attended the deceased from DIRECTOR: and that death occurred at 344 M. from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE 14 Caci MED. DIRECTOR STAFF page M.D. TO HOSPITAL FUNERAL ADDRESS PHYSICIAN'S TO FUNERAL director, p should be f Kaufman ield, Maryland NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Crisfield, Md. Asbury Cemetery Dec. 7, 1966 Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Md. 1968 VR #15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17803 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH Somerset b. COUNTY Maryland Somerset MARYLAND b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Days Crisfield e. IS RESIDENCE d. STREET ADDRESS ON A FARM? NO Broad 4. DATE First Lost Year OF DEATH Twilley Thomas 7. MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE NEVER MARRIED 6 pst birthday June 15 1905 WIDOWED DIVORCED Negro 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? INDUSTRY Onancoke Va. 14 MOTHER'S MAIDEN NAME Clara Seamon James Thomas 17. INFORMANT 16. SOCIAL SECURITY NO. Crisfield Md. 213-18-5303 Olivia Thomas INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) **DUE TO** DUE TO WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) factory, street, affice bldg., etc.) at work Dec 17, 1966, to 1000 19 1966, that (1) (we) las 22b. DATE SIGNED DIRECTOR M.D. 22d. ADDRESS Rawley, M.D. Crisfield. Maryland

ampletely filled in by the five carbon papers. Pages event, within 72 hours afre Crisfiel d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) McCready Memorial Hospital completely f NAME OF DECEASED S. SEX Male ond IDo. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ar removal-fund Laborer 13. FATHER'S NAME IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give war or dates of service) 1B. CAUSE OF DEATH (Enter only one cause per line for (o), PART I. DEATH WAS CAUSED BY: signed by the burial-transit Canditians, if ony, which gove rise ta immediate cause (a), ficate has been s for use as the b f Health prior to b stating the underlying couse PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) **DIRECTOR:** After this certificate ge 3 shauld be detached for us led with the State Dept. of Healt 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour 'a.m. 21. I certify that (1) (this haspital) attended the deceased fram. be retained director, page 3 shauld shauld be filed with the saw the deceased alive an Dec. 19 19 66, and that death accurred at 3.31M, fram causes and an the date stated above 22a, SIGNATURE 22c. PHYSICIAN'S TO FUNERAL 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION Crisfield Asburv 1986 REGISTRAR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR Anthony E. Ward Crisfield Md.

within 24 hours after death

executed

that the death certificate be

OR ATTENDING PHYSICIAN:

funeral I and ter death

o. COUNTY

CETT HIM TO SEE THE SECOND SEC - 111 - 10 1 0 7 1444 10 -SSZL RE gont is the late material and in the tarracte The state of the s the same of the sa AND THE RESERVE THE PARTY OF TH A PART OF STREET, STREET, THOUGH A

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Maryland Somerset Somerset MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b write RURAL and give nearest town) carbon papers. Pagent, within 72 hours Crisfiel d Life PARTE Crisfield d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS Highway McCready Memorial Hospital Hall No X YES executed within 3. NAME OF Last DATE Month Middle Day Year DECEASED Minnie Unglaub Dec. 66 (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months White Femal e WIDOWED 124 Sept 131878 DIVORCED [10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) | INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT cian death certificate be **COUNTRY?** Crisfield, Md. USA Housewife None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martha Jane Riggin William H. Landon 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT transit permit. Address (Yes, no, or unkown) | (If yes give war or dates of service) Mrs. Frances Reese. Same as 2. abcd above None No None CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) Me buria, burial, DUF TO Conditions, If any, which (b) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. 98 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? the hospital or NO YES PHYSICIAN: 20a, ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING THE CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. After d be d While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from 12. 30 1966 to blee .] . 1944. that (i) (we) last DIRECTOR: age 3 should led with the 1906 Dec. and that death occurred at 155 M, from the causes and on the date stated above. saw the deceased alive on... 22a. SICNATURE DATE SICNED MED. DIRECTOR HOSPITAL FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S director, p should be sfield, Maryland NAME (Type) Peyton, M. D. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 REMOYAL (Specify) Sunnyridge Cemetery Crisfield. Md. 1966 Burial Dec. 24. FUNERAL DIRECTOR ADDRESS REC'D BY RECISTRAR | 25b. REGISTRAR'S SIGNATURE 1966 Bradshaw & Sons, Crisfield, Md. VR AI5 (4) 20M 1/65

BULLET 3730% walling the late of the first and the first and the first of the second se March Street galler . Table woods lade .lex risk region thanks levil hard to be lead though . . . on the state of th and and of the same to the same to